



FY2022

Contract Type: IDCU/COVID Contract No. HHS000812700014

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

COLLIN COUNTY

Street / PO Box: 825 N. MCDONALD ST #130
City: MCKINNEY, TX
Zip: 75069

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: 825 N. MCDONALD ST #130
City: MCKINNEY, TX
Zip: 75069

State of Texas Comptroller Vendor ID #
digit + 3 digit mail code):

(9

DUNS # (9 digits required for subrecipient contractors):

74873449

Type of Entity (Choose one)

City: Click on appropriate box
County:
Other Political Subdivision:

Project Period

Start Date: Upon execution

End Date: 7/31/2023

Counties Served

County(ies) Served:

COLLIN COUNTY

Amount of Funding Allocated:

\$570,348.00

CONTACT PERSON INFORMATION

Legal Business Name:

This form provides information about the appropriate contacts in the contractor's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.

Health Director/CEO:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

B-13/FSR Rep:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

PHEP (HAZARDS) Program Leader:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

SNS (CRI) Coordinator:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

Authorized Signatory for **DocuSign**:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

Additional Authorized Signatory for **DocuSign** **only if applicable** (FFATA, Certs, etc)
Phone: Ext:
Fax:
E-mail:

DocuSign "CC" Person:
Phone: Ext:
Fax:
E-mail:

Emergency Contact:
Cell Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (5)	Other Funds (6)
A. Personnel	\$325,469	\$325,469				
B. Fringe Benefits	\$137,511	\$137,511				
C. Travel	\$8,076	\$8,076				
D. Equipment	\$0	\$0				
E. Supplies	\$61,457	\$61,457				
F. Contractual	\$0	\$0				
G. Other	\$37,835	\$37,835				
H. Total Direct Costs	\$570,348	\$570,348				
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$570,348	\$570,348				

TRAVEL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY**

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of Days & Employees	Travel Costs	
				Mileage	
Airfare					
Meals					
Lodging					
Other Costs					
Total	\$0				
Mileage					
Airfare					
Meals					
Lodging					
Other Costs					
Total	\$0				
Mileage	\$0				
Airfare	\$0				
Meals	\$0				
Lodging	\$0				
Other Costs	\$0				
Total	\$0				
Mileage	\$0				
Airfare	\$0				
Meals	\$0				
Lodging	\$0				
Other Costs	\$0				
Total	\$0				
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

Other / Local Travel Costs					
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Attend meetings, seminars, exercises, training, including all day travel within DFW metroplex will be utilized by all staff performing COVID-19 duties.	14421	\$0.560	\$8,076		\$8,076
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

Other / Local Travel Costs: Conference / Workshop Travel Costs: **Total Travel Costs:**

Indicate Policy Used: Respondent's Travel Policy State of Texas Travel Policy

EQUIPMENT AND CONTROLLED ASSETS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order/quote.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
None				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS				\$0

Total Amount Requested for Equipment:

\$0

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

Description of Item <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Computer-Tablets x 2 including docking station, keyboard, stylus, mouse, and three monitors ; \$2677 each; For (1) Epidemiologist, Internship	Computers to be used by health department staff for disease investigations, creating documentation, analyzing data, and other public health activities	\$5,354
Desk Phones x 2; \$308.00 ea; For (1) Epidemiologist, Internship	Desk phones to be used by health department staff to communicate with stakeholders, providers and others regarding disease investigations	\$616
Cell Phone x1 includes standard mobile phone, case, and car charger; \$247.99 ea; For (1) Epidemiologist	Cell phones to be used by health department staff to communicate with patients, healthcare providers and others regarding disease investigations	\$248
MiFi Device X 4; MiFi Device cost \$50 each, For (3) Epidemiologist, Internship	MiFi devices to be used by staff with their cell phone and/or tablet to access the county network, internet, and other software to conduct disease investigations while working remotely	\$200
Scanner - Top Feed x 2; county standard desktop scanner; \$1088 ea; For (1) Epidemiologist, Internship	Scanners to be used by staff to produce electronic files for retention of disease investigation reports and related documents	\$2,176
Office Supplies	Clipboards, paper, writing utensils, labels, folders, binders, etc...to produce reports, documentation, and support grant functions. (Individual supply items will not exceed \$499.00)	\$3,000
Printer-Color-Medium with additional paper tray x 1; \$928 each printer, \$291 each tray; For (1) Epidemiologist	Printers to be used by staff to produce grant related documents	\$1,369
4x Workstation Desk Package for staff; \$3758 each; for (3) Epidemiologists, Internship	Cost for necessary furniture required due to new positions resulting from expanded workforce.	\$15,032
Supplies for Testing and Transport of Specimens	Biohazard bags and shipping boxes, swabs, COVID-19 testing kits, and other supplies to support health department for providing disease testing to patients and/or public.	\$33,462
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$61,457

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: COLLIN COUNTY

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Description of Item <small>Include quantity and cost/quantity</small>	Purpose & Justification	Total Cost
Adobe DC software licenses x4; cost \$360 ea; (3) Epidemiologist, Internship	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in stakeholder outreach tasks.	\$1,440
Software-EA licenses X 4 including Microsoft Office Suite; \$762 ea.; (3) Epidemiologist, Internship	Computer software to be used by health department staff to communicate by email, produce disease reports, enter and track disease surveillance data	\$3,048
Software for building vaccine data collection system interfaces, data processing, and data visualizations - License type and quantity will vary	Software examples may include licenses and maintenance fees for Laserfiche, Jotform, DocuSign, Tableau, ArcGIS, SQL, or other systems.	\$19,639
Cell Phone Service Plan x 3, for X 2 years; annual cost of voice and data plan \$576 ea; For (3) Epidemiologist	Cell phone voice and data service plan to be used by health department staff using their cell phones to communicate with stakeholders, providers, and others regarding disease investigations	\$3,456
Printing and Communication Materials	Printing for additional grant related activities, events and public education or other outreach brochures, flyers, postcards, coloring books, posters and other materials to educate the public; printing of employee business cards, as needed.	\$6,500
Postage	Postage for outreach materials, mailings, and communications with stakeholders.	\$200
MiFi Device Service Plan X 4 for 2 years for personnel; annual cost of MiFi Service \$444 ea; For (3) Epidemiologist, Internship	MiFi devices to be used by staff with their cell phone and/or tablet to access the county network, internet, and other software to conduct disease investigations while working remotely	\$3,552
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$37,835

Indirect Costs

Legal Name of Respondent:

COLLIN COUNTY

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:
BASE:

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Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

RATE:
TYPE:
BASE:

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A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date.

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

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Organizations that **do not use an indirect cost rate** and **governmental entities with only a central service rate** must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

SUPPLEMENTAL INSTRUCTIONS

The budget templates include a SUPPLEMENTAL page (one per budget category) that are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The SUPPLEMENTAL budget templates are:

Personnel Supplemental
Travel Supplemental
Equipment & Controlled Assets Supplemental
Supplies Supplemental
Contractual Supplemental
Other Costs Supplemental

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: **COLLIN COUNTY**

Conference / Workshop Travel Costs				
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs
				Mileage \$0
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0

Total for Conference / Workshop Travel

Other / Local Travel Costs					
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel

Other / Local Travel Costs: Conference / Workshop Travel Costs: **Total Travel Costs:**

